



THE LOCAL HEALTH LINK

Stimulating Shorts from Frankfort

RESPONSE TO THE ANTHRAX SCARE

*- submitted by Rice C. Leach, MD,
Commissioner, Dept for Public
Health, from remarks he made to
the Interim Joint Committee on
Health and Welfare
October 17, 2001*

Thank you for the opportunity to address the committee on the measures being taken by the state's public health community in response to the current anthrax scare. General Youngman and I felt that the current problem is more public health than emergency management. Still he is here to offer his perspective as indicated.

The Department for Public Health (DPH), Department of Emergency Management (DEM), the Kentucky State Police (KSP), the Kentucky

National Guard (KNG), Department of Military Affairs (DMA), the Department of Mental Health and Mental Retardation (DMHMR), the Federal Bureau of Investigation (FBI), the Centers for Disease Control (CDC), and many others are working diligently to mount a coordinated law enforcement and public health protection response in the most fluid situation I have ever experienced. That means that plans change very frequently based on group analysis of the most recent information. For example just yesterday representatives of law enforcement, public health, military affairs, and county agencies agreed that our response must be specific for Kentucky. That means that some of the national guidelines will be modified because they aren't working here.

Public health officials are not always fortunate enough to have an Emergency Management team with the structure, training, and experience to come together in a hurry on everything from floods to hoof and mouth disease. We live in a relatively resource poor state so we cannot afford to have a different czar for every condition. Fortunately, the people who pull together in emergencies fully realize that there is "no such thing as your side of the canoe is leaking" in an emergency and we cooperate. We fuss and complain within the family but when it comes to the citizens, we are family.

This family of responders has trained for several years to respond to a bioterrorism scenario but the planning assumptions focused primarily on either a single facility exposure or something like an outdoor gathering or other place where many different people were

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exposed to a pathogenic organism at the same time. This situation is different. There are thousands of reports of exposure to powders nationwide but there are currently less than two dozen cases and they appear to be focused around two or three buildings. The FBI officials in Louisville reported yesterday that they have no evidence to link those cases to the persons responsible for destroying the World Trade Center. As of today bioterrorism in Kentucky is manifest by no *bio* but very prevalent *terrorism*. The state public health laboratory, the University of Kentucky Medical Center Laboratory, and the University of Louisville Hospital Laboratory have processed scores of samples and have not detected any pathogens as of this morning. Today the disruption to our society is being caused by the way many different groups are responding to an understandable fear of the unknown.

Prior to the first report of an exposure to "powder" in Kentucky the appropriate agencies met to plan a response. The first exposure was reported at the Internal Revenue Service facility in Covington and was followed on October 9, 2001 by reports at medical facilities in Lexington. The response to those first reports followed the standard protocol. Assess the situation, decontaminate the scene and anyone present, and ask the FBI to manage the event as a crime scene. That was before we knew that the events were unassociated with pathogenic organisms. At that time, the DPH and Cabinet for

Health Services (CHS) provided information to local health department and the media. Now we know that the exposures to date are intended to scare, it is possible to assess the threats differently in terms of the risk to persons. Every letter or powder should be evaluated but not every one needs to be managed as a hazardous material exposure or a serious crime requiring the FBI to respond.

On Friday, October 12, 2001 representative of the agencies mentioned above met for several hours to develop a coordinated response to this situation. We determined that law enforcement agencies were the group on duty 24 hours a day and 7 days a week with the training and experience necessary to collect evidence and transfer it with the appropriate chain of custody to a diagnostic laboratory so we initiated a procedure by which concerned citizens could call "911" to report a suspicious letter or powder. The appropriate law enforcement agency would respond, collect the material, and remove it from the scene. The material would be transmitted under a proper chain of custody with the information necessary for the receiving laboratory where the material would undergo screening by Gram stain and M'Fadyean staining. This technique can be carried out in very little time once the material arrives in the laboratory. Some of the specimen is also subjected to bacteriologic culture, which takes 24-48 hours to complete. Some laboratories have the capacity to perform rapid identification by special immunology tests and

genetic tests. A negative smear suggests the absence of anthrax but a negative culture is the best evidence that the material is free of the organism.

Laboratory results are reported to the law enforcement official who requested the test and other parties depending on the circumstances. It is important for everyone to realize this because the laboratories are participating in the investigation of criminal and potentially terroristic threats against the United States. That means that not everyone can have the lab results. We will use the laboratory data to protect citizens at risk but we will also use it in a way that enables law enforcement to deal with criminals.

The local health departments, local physicians, and others are part of the team that works with people exposed to the material. The media mention nasal swabs used to detect the germ in at least one of the patients in Florida. In general, if the material itself was not positive for anthrax, it is not necessary to do nasal swab tests on people exposed to the substance.

Not all suspicious packages and letters are associated with a spill and not all of them require full law enforcement assessment and investigation. I suggested that people treat these situations the same way they would a dead rodent...bag it and put it in the trash where it will be buried or burned.

The question of what to do about rooms where powder spilled from an envelope or other container has caused concern in many quarters. We have had instances where full-scale hazardous materials recovery teams have responded to situations where others would have responded with less protective equipment and would have subjected the exposed persons to less intensive decontamination procedures. The October 12 guidelines recommended leaving the room and sealing it until someone else could clean it. This causes problems because there are not enough decontamination teams to respond to every situation. Because of this, the DPH is preparing guidelines on less restrictive protective garments and how to clean up spills using household bleach diluted in water.

These approaches have worked well where local officials and health departments have followed them. There have been occasional miscues and there have been a few situations where designated parties have declined to carry out their assigned tasks but in general the system is able to manage the current volume.

The DPH has also communicated with food retailers and manufacturers to apprise them of the need for increased vigilance. Another problem is that patients are demanding antibiotics and some physicians are prescribing what they want. This causes several problems. It reduces the amount of antibiotics available if there is a positive exposure somewhere else, it increases the

chances of organisms becoming resistant to a good antibiotic, and it exposes patients to unnecessary clinical risk.

The biggest public problem at this time is the fear and anxiety associated with the presence of an unknown threat. People are just plain scared, especially if they think they have been exposed to a potentially fatal infection. Many people in schools, businesses, homes, and emergency response people are all understandably apprehensive about dealing with these powders, envelopes, and packages. As a result, the response system is receiving many calls for situations that could have been dealt with using far fewer resources if folks had had used more common sense to begin with. The DMHMR has provided guidelines on how to deal with the fear and anxiety associated with this situation and the DPH has shared it across the public health community and is working with the Kentucky Hospital Association, the Kentucky Medical Association, hospital infection control nurses and others to provide the information they need to manage patient care.

There is still a lot to do in the area of educating providers, first responders, concerned citizens and others. To that end, the DPH is redirecting the staff of other divisions to assist in this situation. DPH public health educators, physicians, and nurses will meet this afternoon to set in motion a statewide effort to share meaningful and helpful information with the public. On Saturday

morning, the director of the CDC asked state health officers to specify their short-term resource needs. Kentucky is preparing a response to request funds for overtime and supply costs associated with the laboratory testing being done by the state and hospital laboratories. Other costs include expenses associated with the public health evaluation of exposures and possibly the costs associated with treating and neutralizing a positive exposure if one occurs. In addition, Congress is discussing more significant long term funding for public health. Kentucky is short on training, laboratory capacity at both the state and local level, and sufficient numbers of epidemiologists (medical detectives) at both the state and local level and our laboratory information system, like those in the rest of the country, needs significant enhancements so information can be routinely shared in a timely fashion.

Communications from the CDC are focused more on the way to diagnose anthrax and how to deal with it than they are on the community anxiety issue that is so troubling to Kentucky. The information contained in those communications is more directed toward credible threats than to the fear and anxiety that are disrupting parts of Kentucky.

Terrorism may be around for a good while but being terrorized won't once we put all this information in perspective. Let me leave you with the following thoughts:

- There are 280 million people in the United States but there are less than 24 cases of anthrax in the United States and most of those are being treated successfully.
- There is no anthrax in Kentucky as of this time.
- Its OK to toss out unopened unwanted mail.
- Not all powders need a police investigation.
- **If the mail looks suspicious to you, don't open it.** Call 911 and ask someone to pick it up.
- If you find spilled powder, household bleach diluted 1 part in 10 parts of water will kill bacteria. That is what bacteriology laboratories use to clean up anthrax spills. It works but don't use it on people.
- Do what you can to help us put the fear and anxiety in the proper perspective, and,
- If you have been planning to change to a healthier lifestyle, this would be a good time to start on that program.

ACH Anecdotes

KIDS NOW: EARLY CHILDHOOD INITIATIVE PROVIDES FOLIC ACID TO 40,000 WOMEN TO HELP PREVENT BIRTH DEFECTS

Amy Hackworth already knew the importance of being healthy to make sure her baby would be born healthy.

Now she knows even more about how folic acid, a B vitamin, helps

prevent birth defects thanks to a statewide program that provides the vitamin to women at local health departments.

"Until I started taking it, I didn't know how important folic acid was," said Hackworth, who lives in Pike County with her husband and daughter. "I think it's very important to do things for your baby before you have your baby."

It's important that women take folic acid before they get pregnant because most neural tube defects occur during the first month of pregnancy - before most women know they are pregnant. It is necessary for all women of childbearing years to take folic acid since about half of all pregnancies are not planned.

Hackworth is one of approximately 40,000 women in Kentucky who have been given folic acid tablets that help prevent birth defects as part of Gov. Paul Patton's Early Childhood Development Initiative.

The initiative, called KIDS NOW, was approved by the 2000 General Assembly and was funded with tobacco settlement money. Part of the initiative called for providing free folic acid tablets, along with counseling, at local health departments and regional offices of the Commission for Children with Special Health Care Needs.

"By providing folic acid to women, Kentucky is investing in the future by helping to prevent birth defects," said Gov. Patton. "This is an important part of the KIDS NOW initiative that is making a

difference in the lives of Kentuckians."

Awareness of the importance of folic acid has also increased in Kentucky. According to the national survey called the Behavioral Risk Factor Surveillance System, 29 percent of Kentucky women knew that folic acid helps prevent birth defects in 1997. The awareness had increased to 44.4 percent in 2000. Usage of folic acid increased from 32.3 percent in 1997 to 41.7 percent in 2000.

Folic acid helps prevent Neural Tube Defects, also known as spina bifida, which occurs when the spine fails to close properly during the first month of pregnancy. Women of childbearing age are encouraged to take multivitamins with at least 400 micrograms of folic acid daily.

The Spina Bifida Association of America estimates that the total average lifetime cost for a child born with spina bifida is \$532,000, but the total for some children is much more. Because of the paralysis resulting from the damage to the spinal cord, people born with spina bifida may need surgeries and other extensive medical care. The condition can also cause bowel and bladder complications, according to the Spina Bifida Association.

The KIDS NOW initiative provided \$3.5 million over a two-year period to purchase folic acid tablets and provide counseling to women at health departments.

One of the driving forces behind promoting this initiative has been the Folic Acid Partnership, an organization representing 55 various groups including the Kentucky Department of Public Health, the March of Dimes, and the Spina Bifida Association.

The partnership, which began in 1999, has sent educational kits to 3,400 physicians across the state and has conducted various public awareness efforts.

Hackworth plans to have another child. She realizes that food alone won't provide enough folic acid and that she needs to keep taking the daily pill.

"You have to be healthy so your baby can be healthy," she said.

For more information about the folic acid program, contact your local health department.

- extracted from an October 15, 2001 news release written by Gil Lawson, Office of Communications

Central Office Comments

TIPS FOR DEALING WITH BIOTERRORISM-RELATED FEARS, ANXIETY:

The reports about Anthrax, as well as the attacks of Sept. 11, have led to understandable fears in people about their own safety. The Cabinet for Health Services, in consultation with other agencies, is offering some practical coping strategies for adults and children feeling anxiety related to possible acts of terrorism.

Although there have been concerns about Anthrax in Kentucky, no biological agent or threat has been found. Kentucky authorities are taking immediate action as soon as a report is made and working to quickly assess the danger in each situation for those directly effected.

"It's important to remain calm while authorities investigate these cases. Public safety, law enforcement and health officials are working to make sure that Kentuckians can feel safe in their homes, schools and workplaces," said Dr. Rice Leach, the Commissioner of the Department for Public Health. "I know our system is working because nationwide there are only seven cases out of 280 million people. The doctors, public health officials and law enforcement officials are detecting exposure early enough to treat and prevent illness where exposure has happened."

The following are some steps parents and other adults can take to help children cope with their fears:

- Encourage children to express their feelings through talking, drawing or playing, as well as discussion. It is important to listen to their feelings in a calm, accepting manner.
- Be honest and open about the facts of the situation, but keep information age appropriate.
- Children need frequent reassurance that efforts are being made to ensure their safety.

- Try to maintain the daily routine as much as possible.
- Monitor exposure to media coverage through television or Internet.
- Don't be afraid to say "I don't know" if you aren't sure how to answer your child's question. Explain that disasters are rare and that even adults have trouble dealing with them. Reassure your child that adults are still working hard so that children can be safe and secure.
- Provide hope for the future. Reaffirming the future and talking in positive terms about future events can help a child rebuild trust and faith in their future.

Adults also experience feelings of anxiety and being out-of-control as a result of disasters or abnormal situations. It is normal to experience anxiety in reaction to a stressful event. Common physical indicators of a stress reaction are upset stomach, headache, light-headedness, and tingling or numbness.

The following are some things adults can do to deal with stress caused by abnormal events:

- Talk to people about your feelings. If others are involved help them by sharing your feelings and checking how they are doing.
- Structure your time; keep as busy as possible. Keep your life as normal as possible.
- Realize that those around you are also under stress.
- Increase your physical activity, particularly within the

first 24-48 hours following an event, periods of exercise (walking, running, yard or house work, etc.) alternated with relaxation will alleviate some physical reactions.

- Keep sleep and diet at healthy limits; the better rested and nourished you are, the better equipped you are to deal with stress.
- Recognize your limits. Learn to accept that you are not capable of doing all things all the time.
- Neither alcohol nor drugs actually helps manage stress.
- Do things you enjoy doing.

Additional information on coping with stress provoked by the terrorist attacks can be found at <http://www.ed.gov/inits/september11/index.html> on the Department for Education website and at <http://kysafeschools.org/clear/crisis.html> on the Kentucky Center for School Safety website.

- extracted from an October 19, 2001 news release written by Gil Lawson, Office of Communications

RESPONDING TO THE RECEIPT OF ENVELOPES OR PACKAGES SUSPECTED TO CONTAIN ANTHRAX OR OTHER BIOLOGICAL AGENTS:

Many facilities in communities around Kentucky have received suspected anthrax threat letters. Most were empty envelopes; some have had talcum powder in them. None have had anthrax. The letter, if present, may read something like "You have been exposed to anthrax...." The purpose of these is

to recommend procedures for handling such incidents.

DO NOT PANIC

1. Anthrax organisms can cause skin infection, gastrointestinal infection or pulmonary infection. To do so the organism must be rubbed into broken skin, swallowed, or inhaled as a fine, aerosolized mist. It does not leap into one's body. All forms of disease are generally treatable with antibiotics.
2. For anthrax to be effective as a covert agent it must be aerosolized into particles fractions of an inch in size smaller than a red blood cell. This is difficult to do, and requires a great deal of technical skill and special equipment. If these small particles are inhaled, life-threatening lung infection can occur, but prompt recognition and treatment are effective.
3. Anthrax cannot be aerosolized out of an envelope or package containing powder. The same facts and conditions are generally true for other bacteria likely to be considered as biological weapons.

UNOPENED LETTER OR LETTER THAT APPEARS EMPTY:

1. Place envelope in a plastic bag or clear envelope.
2. Wash hands with SOAP and WATER.

3. NOTIFY your Local law enforcement

AN OPENED ENVELOPE WITH POWDER OR POWDER SPILLS OUT ONTO SURFACE:

1. Wipe down any potentially exposed areas with a bleach and water solution. Place one cup of bleach in a gallon of water. Keep others away.
2. WASH hands with soap and water.
3. NOTIFY your local law enforcement agency.
4. IF CLOTHING is heavily contaminated, don't brush vigorously. REMOVE it when possible and place in plastic bag.
5. SHOWER and SOAP and WATER as soon as possible at home. DO NOT use bleach or other disinfectant.
6. PUT on fresh clothing.
7. Make a list of all people who had actual contact with the powder and give to your public health authorities. Instruct contacts to watch for fever or other symptoms over the next several days.

PACKAGE MARKED WITH THREATENING MESSAGE SUCH AS "ANTHRAX":

1. DO NOT OPEN.
2. LEAVE it and EVACUATE the room.
3. KEEP others from entering.
4. NOTIFY your supervisor, local law enforcement or State police.

AEROSOLIZATION, SMALL EXPLOSION, OR LETTER

STATING "ANTHRAX IN HEATING SYSTEM":

1. LEAVE room immediately.
2. SECURE entry.
3. SHUT down air handling system.
4. NOTIFY your supervisor, local law enforcement or State police.
5. REMAIN on premises until responders arrive.
6. MAKE list of all people who were in the building at the time and give to your public health authorities. They may instruct them to watch for fever or other symptoms over the next several days.

FOR ALL SUSPICIOUS UNLABELED MAIL NOTIFY THE LOCAL LAW ENFORCEMENT. DO NOT OPEN.

Contact numbers:

Local law enforcement agencies emergency 911
Statewide - Kentucky State Police (800) 222-5555.

- extracted from an October 15, 2001 news release written by Gil Lawson, Office of Communications

EPI Epistles

FIRST STATEWIDE HIV/AIDS CONFERENCE NOV. 15-16

The 1st Kentucky Statewide HIV/AIDS Conference will be held Nov. 15-16 at the Galt House in Louisville, the Department for Public Health announced.

The conference, co-sponsored by the department and Heartland Cares, Inc., is designed for health care and social service professionals who are involved in planning or providing direct

delivery of services to persons living with HIV/AIDS in Kentucky. It's also intended for people who are interested in improving the quality of life for people living with HIV/AIDS in their communities.

Those who will benefit from the conference include physicians, nurses, nurse practitioners, physician assistants, case managers, health planners, social workers, counselors, consumers, and others affected by HIV/AIDS.

Public Health Commissioner Dr. Rice Leach recommends that persons concerned about HIV and AIDS attend this first of its kind conference for Kentucky.

"Many people have worked hard to make this a meaningful conference for all of us as we continue to make progress in the preventive, clinical, and human aspects of this condition," Leach said.

The scheduled keynote speaker is Dr. Michael Saag, a graduate of the University of Louisville Medical School. Saag is currently the director for the AIDS Outpatient Clinic at the University of Alabama at Birmingham. In addition, he is the Associate Director for Clinical Care and Therapeutics at UAB and an Associate Director of Medicine in the Division of Infectious Diseases at UAB.

For more conference information, contact Gwen Cobb, Lisa Daniel or Vicki Johnson at 502-564-6539 or Krista Wood at (270) 444-8183.

- extracted from an November 1, 2001 news release written by

Gwen Cobb, Division of Epidemiology & Health Planning

PHPS Passages

FOOD SAFETY TIPS FOR HALLOWEEN

Halloween is on the way, bringing fun for Kentucky's children as they go out and collect good treats to eat. Most treats children receive are safe, and add to the enjoyment of the holiday. The Cabinet for Health Services wishes to provide parents and children some general guidelines to ensure this Halloween is as safe as possible for our children.

"Every year Kentucky's children look forward to going Trick-or-Treating," said Guy Delius, Manager of the Cabinet's Food Safety Branch. "While it's fun for children to dress up and try their luck in gathering treats and candy, we just want to provide some general food safety guidelines which should be remembered when collecting and consuming the food."

- ❖ Only visit homes and businesses that you are familiar with.
- ❖ Don't take candy or treats from persons who you do not know.
- ❖ Only eat candy that has been commercially made and wrapped.
- ❖ Do not eat candy if the outer wrapper has been noticeably altered.
- ❖ Homemade treats should not be eaten unless you know and trust the person who made them.

- ❖ Do not eat any candy or food that is unwrapped or appears to have been tampered with.
- ❖ Do not eat any candy or food that appears to have a powder or dust on it.
- ❖ Always wash your hands before eating any foods.
- ❖ After handling any unclean food products, wash your hands thoroughly.
- ❖ Be conscious of choking hazards such as gum, peanuts, hard candies, or small toys as treats to small children.

Children should also avoid costumes that impair vision. They should wear bright colors and use reflective tape and flashlights during nighttime hours. Young children should be escorted by adults. Motorists should be cautious during Trick-or-Treat hours in their communities.

*- submitted by Guy F. Delius,
Division of Public Health
Protection and Safety*

Staff Spotlight

Smoke-Free Soccer First Time in Northern Kentucky:

Two teams from the Elsmere-Erlanger soccer club have pledged to be "smoke-free" and are participating in a pilot program sponsored by the Northern Kentucky Independent District Health Department (NKIDHD). The "Smoke-Free Bears" (under 12 years) coached by Tom Vreeland and the "Smoke-Free Flames" (under 10 years) coached by Tim

Wilson will played their final regular season game on Saturday, October 20. The "Smoke-Free Bears" played at Fox/Perkins-Shoberg Field in Erlanger, KY at 9:30 a.m. and the "Smoke-Free Flames" played their game at 11:30 a.m. at Silverlake Recreation Center in Erlanger, KY. At all games, a Smoke-Free soccer banner is displayed on the field with the slogan, "It's for the Kids." Both teams wear game jerseys with a Smoke-Free Soccer patch on their left sleeves and play on smoke-free fields. Coaches and other assistants do not use tobacco products around the players in games and practices and parents and fans are encouraged to follow their lead. On October 20, Health Department health educators were available at the Smoke-Free Soccer games distributing educational materials and answering questions about tobacco and smoke-free sports.

"Participating in a smoke-free program is a great way to positively affect the health and future of our kids," said Tim Wilson, Smoke-Free Flames coach. "That's why I'm proud of our smoke-free soccer slogan 'It's for the Kids.' The message says it all."

Andrea Birkemeier, Senior Health Educator for the Health Department coordinates the Northern Kentucky Smoke-Free Soccer program, a nationwide program sponsored by the Centers for Disease Control and Prevention (CDC) in collaboration with the National Cancer Institutes and the U.S. Department of Health and Human

Services. She knows the harsh statistics affecting Kentucky youth. "If we can prevent the initiation of tobacco use among youth before it becomes an addiction," says Birkemeier, "we can hopefully decrease the number of individuals who are plagued by tobacco-related diseases and death in adulthood."

According to the 2000 Kentucky Youth Tobacco Survey, 22 percent of Kentucky middle school students smoke cigarettes while 37 percent of high school students smoke. This compares to students nationally who smoke cigarettes at 9 percent and 29 percent, respectively. It is a known fact that approximately 80 percent of smokers began smoking before the age of 18. Educators of the Northern Kentucky Health Department know it is paramount to implement programs for youth before their initiation of tobacco use. Smoke-Free Soccer is one of the Health Department's programs targeting youth. It enforces the advantages of an organized sport and the habits of staying physically active.

Ten states received grant money from the CDC to sponsor Smoke-Free Soccer teams and Kentucky was one of them. The Northern Kentucky Health Department received \$1700 from the State to implement the program and educate the community through message-oriented banners, smoke-free soccer jersey patches, practice jerseys, water bottles, sample practice drills incorporating tobacco-free messages, and other educational materials. Each team

member signed a pledge, declaring to remain tobacco-free for life. Target messages highlighted by the program:

- Smoking cuts down on fitness. If you smoke, you can't run as fast or as far as smoke-free teammates or opponents.
- Smoking slows down lung growth and makes it harder to breathe and reduces the oxygen available for muscles used in sports.
- Hearts of young smokers beat an extra two or three times per minute.
- Tobacco use is the single most preventable cause of death in the U.S., causing heart and lung diseases, cancers, and strokes. The younger one starts smoking, the more likely he / she is to become addicted to nicotine.
- Sports and physical activity are positive, viable alternatives to smoking and increases self-confidence, a healthy body image, and socialization.

The soccer team members will help in tobacco-free awareness and education by participating in the Health Department's Great American Smokeout – Smoke-Free Day of Dining on November 15, 2001 by patronizing only smoke-free restaurants on this day. The community and the media are urged to show their support in the tobacco-free efforts on November 15.

*- submitted by Peggy Patterson,
Northern Kentucky Independent
District Health Department*

Training Tidbits

RTC Training Courses – FY01

The Emory University Regional Training Center, Atlanta, GA, will provide up to sixteen (16) course offerings during fiscal year 2002 (July 1, 2001– June 30, 2002). **A tentative schedule will be published soon. Any LHD employee wishing to attend an offering should contact their District Training Contact or LHD Administrator for course content and a registration form.**

You may contact Ms. Sandy Williams with any other questions regarding RTC opportunities at 502-564-4990.

Video / Audio Tapes ALERT:

If you have any outstanding video or audiotapes on loan for more than three weeks, please return them to me at the address given in the Editor's Note. Thank you for your cooperation.

EDITOR'S NOTE:

Please submit articles, staff spotlight nominees, or suggestions for the newsletter to:

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